


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name P02000016949 FX Technologies, Corp.					
2. Principal Office Address 2630 Hollywood Blvd.			3. Mailing Office Address 2630 Hollywood Blvd.		
Suite, Apt. #, etc. #206			Suite, Apt. #, etc. #206		
City & State Hollywood FL			City & State Hollywood FL		
Zip 33020	Country USA	Zip 33020	Country USA		

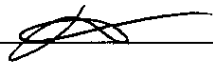
FILED
03 OCT -9 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500024050535
10/23/03--01059--017 **158.75

4. Date Incorporated or Qualified To Do Business in Florida 2-14-02	
5. FEI Number 75-3010559	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Richard J. Palumbo		
Street Address (P.O. Box Number is Not Acceptable) 2630 Hollywood Blvd		
Suite, Apt. #, Etc. 206		
City Hollywood	State FL	Zip Code 33020


8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **Oct - 10 - 03**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Richard J Palumbo	2630 Hollywood Blvd.	Hollywood FL 33020

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  Date **Oct - 10 - 03** Daytime Phone # **925-7414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FX Technologies
2630 Hollywood Blvd
Hollywood, FL 33020

Secretary Of state
Dept of Corporations
409 East Gaines St
Tallahassee, FL 32399

RE: P02000016949

Upon calling the dept I was informed that FX technologies as administratively dissolved.

It was noted that due to a mailing error all correspondence was returned to your offices and accordingly the \$600 reinstatement fee was to be waved.

Please find enclosed \$158 for the filling as well as \$8.75 for a certification of status

Thank you,


Richard J Palumbo